

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/763280

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/			/		
5	/		X			
6		2				
7		①		①		
8		2		①		
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TOTAL IND.	5		3			
TOTAL DEP.	7	↓	5	↓		↓
TOTAL CLAIMS	12		8			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		↓		↓		↓
TOTAL						